



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



Bib Data Sheet

CONFIRMATION NO. 6732

|                             |  |              |                        |  |
|-----------------------------|--|--------------|------------------------|--|
| SERIAL NUMBER<br>10/511,710 | FILING OR 371(c)<br>DATE<br>11/02/2005<br>RULE | CLASS<br>435 | GROUP ART UNIT<br>1645 | ATTORNEY<br>DOCKET NO.<br>NWESTERN-09656 |
|-----------------------------|--|--------------|------------------------|--|

**APPLICANTS**

Andrea E Dunaif, Chicago, IL;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US03/12820 04/22/2003  
 which claims benefit of 60/374,404 04/22/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* SMALL ENTITY \*\***

|                                 |   |                     |                   |                         |
|---------------------------------|---|---------------------|-------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  |                     |                   |                         |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                     |                   |                         |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                     |                   |                         |
|                                 | STATE OR COUNTRY<br>IL  | SHEETS DRAWING<br>5 | TOTAL CLAIMS<br>4 | INDEPENDENT CLAIMS<br>2 |

**ADDRESS**

David A Casimir  
 Melden & Carroll  
 Suite 350  
 101 Howard Street  
 San Francisco ,CA 94105

**TITLE**

Genetic marker for endocrine disorders

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>460 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|----------------------------|---|---|